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ABSTRACT

Designed for parents with handicapped children, this manual provides current information on the development and growth stages of all children to serve as a basis or guideline for comparison. First, introductory comments focus on skills needed by all parents to help their children build feelings of self-worth and to grow. Next, an overview is provided of the stages of children's growth and development, examining physical, emotional, intellectual, social, and sexual development. A list of relevant reference materials is included. The next section looks at interactions within the families of handicapped children. This section offers discussions of parents' attitudes toward their handicapped child(ren), typical stages of parental reactions, and ways in which the family structure can be normalized. Next, the manual considers ways in which parents can help their children achieve and maintain an image of themselves which they can accept, focusing on the importance of adjusting expectations to suit the special needs of the child and of providing encouragement. Communication skills are addressed next, with focus on positive support, descriptive praise (i.e., praise referring to specific events), constructive criticism, supportive listening, and problem-solving skills, such as exploring alternatives, problem ownership and "I" messages. Finally, a section on increasing acceptable/decreasing unacceptable behaviors offers information on learning theories, positive reinforcement, negative reinforcement, and teaching new behaviors. (LAL)

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Delta College Parent Awareness
Parenting Skills
Manual
1984 - 1985



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* * * PARENTING SKILLS MANUAL * * *

PARENT AWARENESS PROGRAM

Program For Parents/Families of
Developmentally Disabled Children, Adolescents, and Adults

1984 - 1985

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PARENTING SKILLS

INTRODUCTION

"Parenting skills include: communicating, working together, improving, trusting, talking, listening, singing, sharing, caring, trying, growing, forgiving, loving and loving and loving." (Children in Your Life, Deanna Radeloff & Roberta Zechman)

"...no matter how hard the times, you are still expected to be a competent, responsible person. You are still able to be in control of most of your life. You may or may not be able to change your child's basic condition, but you can determine how you will perceive it, how you will respond. Many people will take their cues from you, therefore, you will be able, by your own attitude, to profoundly affect how the child feels about himself and how others (including sisters and brothers) respond to him." (Spina Bifida Association of American, 1977, "When Something is Wrong With Your Baby...Looking in and Reaching Out")

No parent is ever prepared for the shock of learning that his child has special needs. Parenting itself is a job with lots of responsibilities and demands. As a parent of a handicapped child you may have to do more things, more often, and/or in somewhat different ways.

"Childhood is not an unbroken line of increasingly agreeable behavior. On the contrary, the childhood years alternate between calmer times and stormier stages that involve a great deal of turmoil and stress. Every age has its positive qualities, nonetheless, and even the negative aspects are signs of growing that can be handled in positive ways. Parents who have an idea of what kinds of behavior to expect, and when, have a very useful tool as they search for appropriate responses to the situation they face." (Parent Awareness: Positive Parenting for the 1980's, Saf Lerman)

A handicapped child's needs are basically no different than the needs of every growing child. By responding to those needs, by building a basis for his feelings of self-worth and by remembering that he is a child first (no child is easy) you can give him the room that he needs to grow.

This manual is intended to provide current information on the development and growth stages of all children, to give parents a basis or guideline for comparison. Recent research with the handicapped child has changed our perspective on how many skills and how much a handicapped child can learn. His behavior is learned essentially the same way as it is learned by all of us. A child does not behave desirably or undesirably because he is handicapped.

GROWTH/DEVELOPMENT AND STAGES OF CHILDREN

Edited By Marcia Nunn
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GROWTH/DEVELOPMENT AND STAGES OF CHILDREN

Physical Development

The usual patterns of bodily development in a newborn child is from head to foot. As soon as the child's muscles, sense organs, and nerves are fully developed, he begins to use them. Head movement appears first because the structures that control these skills are among those that are first to mature. The more complex behavior patterns, such as crawling, standing and walking, appear much later. Some of the human nervous system is not fully developed at birth, some parts mature at one or two years, and other parts continue to develop over the next 20 years.

All children develop at different speeds. A child's genetic makeup and his environment will influence the age at which he acquires certain skills. For example, although most children begin to walk between 12 and 15 months of age, some children start much earlier or may not achieve the skill until later. The leg muscles required for walking first must be mature before the child can walk. Recent studies indicate that "practice" is not necessary for early motor development.

A parent cannot speed up a child's natural physical maturation. However, "a child that is encouraged to explore its environment, to swing and jump and run and play, is more likely to become active and physically outgoing than a child who is confined for much of its early life to a playpen. By rewarding their child for physical activities, the parent may instill important social skills in the child even if they don't speed up its physical maturation."(Understanding Human Behavior by James V. McConnell)

The following listing depicts approximate ages that the average infant would exhibit various behaviors.

General Development (1-12 months)

1 month

- holds hands in a fist
- occasionally puts one hand in mouth
- moves arms and legs energetically
- able to raise head from surface when lying on tummy
- clenches on contact - no release
- regards toy or face only when brought in direct line of vision
- sucking and rooting reflexes
- startles easily
- throaty noises

2 months

- smiles and coos (single vowel sounds)
- rolls part way to side when lying on back
- vigorous kicking and head turning
- begins to look at hands
- eyes follow moving object or person
- holds object briefly when placed in hand

3 months

- holds head erect
- babbles, makes responsive sounds if someone nods and talks to him
- reaches for objects

4 months

- laughs and squeals
- sits supported for short period
- rolls over
- pulls objects to mouth
- recognizes human voice, turns head to sounds
- recognizes bottle and familiar faces

5 months

- rolls from side to side
- stands firmly when held
- stretches out arms to be picked up
- pushes chest off bed
- high squeal

6 months

- turns over from back to stomach
- sits alone or with little support
- crows and squeals, deep sounds, grunts
- chewing begins - much drooling, holds, sucks, bites
- reaches for and grasps objects and brings them to mouth

7 months

- can transfer objects from one hand to the other
- creeps
- puts feet in mouth
- supports some weight when held in standing position
- shy with strangers

8 months

- can sit for 5-10 minutes
- crawls (on hands and knees)

- voluntary release of objects
- responds to name, no, bye
- copies sounds, combines syllables
- grasps things with thumb and first two fingers
- holds bottle, picks it up if dropped
- knows stranger from family, but not afraid

9 months

- may have vocabulary of 1 or 2 words (mommy, daddy, no-no, bye-bye)
- lying on abdomen can change to sitting position
- pulls to standing, but needs help to walk
- shows fear of strangers

10 months

- pulls self up in crib, cannot lower self to sitting position
- sits indefinitely or goes to lying on abdomen
- eats finger foods and drinks from cup with assistance
- imitates definite speech sounds such as tongue clicking, lip smacking and coughing

11 months

- can walk holding on to furniture
- can let go with one hand while walking with support, in order to pick up something
- uses "mama" and "daddy" with meaning
- uses jargon
- waves bye-bye

12 months

- can walk with one hand held
- says two words besides ma-ma/da-da
- can go from standing to sitting

- repeats performances that evoke laughter
- grasps with almost adult precision
- extremely active
- begins to use spoon, holds cup

Emotional Development (Personality)

Personality theory refers to an explanation of why people do what they do. All types of personality theories (Freud - Jung - Adler - Erickson - Rogers - Maslow) have contributed to our ability to understand and predict human experience, but no theory is complete in itself.

Erik H. Erickson (psychosocial theory of development) believes that personality development can continue all one's life - that the personality is always a psychological adjustment to social inputs or situations. He believes that humans are motivated by conscious need for getting along with others and determining their own place in a social world. A successful resolution of each of the following stages leads to the formation of a healthy personality. (See chart on page 9).

"According to Erickson, infancy is the time when a person establishes a fundamental trust in his environment. The infant needs to learn that the world is a nurturing place where his needs will be met. When he is hungry and gets fed, is lonely and gets held, he begins to experience his caretakers and the world they represent as trustworthy. In order for an individual to partake in and contribute to the world in a healthy way, he needs to be able to see that world as a basically kind, friendly, and supportive place.

During toddlerhood, ages one to three, the child strives to establish a sense of autonomy and individuality. He needs to begin doing things on his own, like feeding himself and climbing stairs, and to

ERIKSON'S EIGHT STAGES

COMPONENT	AGE	BEHAVIORS
Trust (vs. mistrust)	0-1 year Infancy	"That sure feeling; everything is O.K." Develops from all satisfying situations, involves awareness of world, involves awareness of self as a separate entity. Attachment. Goal is social achievement.
Autonomy (vs. shame/ doubt)	Early childhood 12-15 mos. to 4-5 years	"That strong feeling." Self-control, personal esteem. I want; let me try.
Initiative (vs. guilt)	4-6 years Middle childhood Play age	"That more clean-cut feeling, my plans and ideas." Being curious, having feelings, establishing a conscience.
Accomplishment or sense of industry (vs. inferiority)	Late childhood 6-12 years School age	"That feeling of importance --I can do" Desires real tasks, can carry through to completion, less preoccupation with fantasy. Needs recognition. Skills refined.
Identity (vs. diffusion or role confusion)	Adolescence and young adulthood	"That new-old feeling: who am I, really?" Who am I? What is my role in society?"
Intimacy (vs. isolation)	Completion of preceding stage; adulthood 18 years (about)	"I am one with others and care for others." Intimacy -- friendship, love, etc., commitment to others.
Parental sense or generativity (vs. self-absorption)	Middle adulthood	Having and caring for children of one's own or other people's children.
Integrity (vs. despair)	Adulthood	Able to accept one's life experiences and the significant people within the individual's life cycle. Wisdom.

Adapted from: Children In Your Life: A Guide to Child Care and Parenting,
by Deanna Radloff & Roberta Zechman.

dispute some of his parents' requests. By doing so, the toddler begins to see himself as a person in his own right. The sense of self is developing, and we need to provide opportunities for it to emerge securely and be strengthened.

The preschool child, from three to six years old, enters the phase of initiative and flowering imagination. Creative play is an important part of his world at this time, and many opportunities to initiate ideas and see them carried out enhance his growth. Not every idea the child has will be appropriate and we will need to censor some of them, but we do need to show sincere respect for his creative thinking, offer recognition when his ideas are good ones, and help him to see them implemented. Ideas like building a train or playing the role of parent while his friend plays baby are important steps in learning to influence and control the world.

During the ages from six to eleven, children become more involved in the real world than in pretend and magic. They realize that they will need real tools to participate in the adult world that lies ahead, and they build skills in many areas: language, math, art, science. Children, for the most part, are eager to learn what they will need to know to be competent adults.

Adolescence brings questioning: Who am I really? What will my values and goals be? What kind of world do I want to see and lend my energies to create? The adolescent is seeking his own identity, and this soul-searching can involve upheaval and anxiety."

"Age guidelines are extremely valuable, but do keep in mind that not all children go through the stages exactly on time. A child may begin any stage up to six months earlier or later than the age that

is given, and some children will stay in a particular stage for longer than others.

Parents soon learn that each stage of childhood has its positive and negative aspects. Some years (generally the ages of one, three, and five) are calmer times when the child seems more at ease with himself and the world. Other ages (roughly two, four, and six years old) involve more turmoil and stress. The child is changing more rapidly at these times and struggling to get his physical, emotional, and mental sides in balance. Negative behavior isn't confined to any specific age, but is often more pronounced at ages two, four, and six, though the intensity of the behavior varies. All children go through the stages and express the characteristics appropriate for their age, but some children do this more deeply and dramatically than others. Though two, four, and six are harder ages for parents to live through, some two-, four-, and six-year-olds are easier to live with than others.

As parents, we need to accept matter-of-factly the negative behavior that goes along with a certain stage. The stage will pass. We need to learn to deal in positive ways with any negative, unpleasant behavior that goes along with a certain phase. These negative characteristics are signs of growth. We can appreciate that the more difficult ages are not easy for the child to live through either.

It also helps to remember that the negative behavior that goes with certain stages is just a part of the total child. Every stage also has its delightful aspects. The two- to two-and-one-half-year-old may be demanding, but he is also becoming a conversationalist, is making sense of how the world works, and is often cuddly and affectionate. The

four-year-old has a wonderful imagination, can make up fantastic stories, is socially inclined and becoming more interested in his friends. The six-year-old has valuable new accomplishments, like learning to read and riding a two-wheeler, and is becoming a good companion for serious conversations. Along with this, each child still has his specific, wonderful personal qualities. This beautiful side of each of our children is more constant than the temporary, hard-to-live-with stage characteristics. Each child possesses and demonstrates his own personal good qualities during every stage of life." (Taken from: Understanding Human Behavior by James V. McConnell and Parent Awareness, Positive Parenting for the 1980s by Saf Lerman).

Intellectual Development

"Piaget, the noted Swiss child psychologist, divides intellectual development into four periods: sensori-motor, preoperational thought, concrete operations, and formal operations."

"The first stage, from birth to about 2 years of age, is called the sensori-motor period of development. It might well be called discover through manipulation. The child learns to manipulate objects, move about physically, and to initiate events. He learns that objects have a permanence, even when taken from his immediate environment. His perceptions slowly become organized. But everything is still externalized. He has no ability to ascribe internal and symbolic representations of time, space, and shape to his life. He sees, he acts, without conceptual curiosity or knowledge of results. Because he lacks internal imagery and language he does not understand that inanimate objects have no life. He is all action without the ability to formulate the concept of reaction, or the results of his actions."

"The second stage of development is called preoperational thought. From age 2 to about 7, perceptions become functional at a practical level. Language development begins. The child is able to activate mentally his sensori-motor schema. He is not only beginning to acquire language but also imagery and internal representations of his heretofore external world. Though he can now follow a sequence of events through to conclusion, he cannot yet reconstruct the sequence in reverse. This is due to his inflexible approach. His thinking is irreversible. He categorizes life according to his own perceptions, not those of the adults surrounding him. His thinking is totally egocentric; he cannot assimilate or grasp another person's point of view."

"From age 7 to about 11, the child enters the period termed concrete operations. Concrete ideas have formed and he can apply logic to these ideas. Mastery of length, mass, and volume, and the concept of conservation of these, come to all children in the same sequential order with the total concept becoming stable by about age 11 or 12. A child can then understand that 12 inches on a ruler can be the same as 12 inches on a piece of rope, or, that when water in a glass that is short and wide is poured into a tall, narrow glass it does not change in quantity, thus acquiring the conservation concept. Though he is now less egocentric and is able to reverse his thought processes, his generalizations and abstractions are still based on events and objects that are concrete."

"The final stage of intellectual development is called formal operations. From age 11 on, the adult powers of reasoning, abstraction, and symbolization gradually emerge. The half-grown child can now begin to challenge adults by using logical arguments. He can draw implications

from a situation and can reason hypothetically. What he has been taught about the mores of our society--social conduct, morality, social justice--begin to become clear to him. And, often, much to parental dismay, he begins to pick and choose what mores he thinks are right or usable."

"Within the framework of Piaget's four levels, there are many specific milestones at the practical level that we may expect a child to reach at a given age. However, development at this practical level can be, and often is, uneven. A lag of a week or acceleration of a week for any given task still falls within the range of normal development. Children pass from plateau to plateau in a slowly integrated manner. There is no abrupt change from one stage of development to the next." (Taken from: Speaking of Children: Their Learning Abilities/Disabilities, by Careth Ellingson)

Social Development

An infant is a social being, it socializes and is socialized by others.

"Two behaviors seem to be the foundations of social development. One is attachment, which is developed by the first year of life. The other is dependency, which changes during the developmental process.

Attachment - refers to the process of infants seeking closeness to a person who regularly cares for them, thus establishing enduring bonds of love and affection. Attachments are created through activity. At first, babies respond to all persons and activity. Next, they recognize the parent or major caregiver as a special person while still responding to other individuals. This phase can be observed as early

as the eighth week of life. When babies are 6 to 7 months of age, the parent or major caregiver is preferred. Infants will cry and respond quite emotionally if this person leaves. The final phase of attachment occurs during the last quarter of the first year. Now babies extend their love from parent to other family figures.

It is not really understood why attachment bonds occur. It is believed that babies need to go through these phases in order to form positive social relationships later in life."

Dependency - "Children become dependent upon adult caregivers.

Of all the factors that affect the development of dependency in children, parental attitudes and child-rearing practices seem to have the most effect. Parents who reject their children tend to have anxious, insecure, troubled, and dependent children. These children seek a great deal of attention and become even more dependent when they are continually rejected.

Studies have been made of the child care practices used by parents of preschool children. Three types of parenting behaviors have been classified. One is called *authoritative* parent behavior. This parent combines positive reinforcement ("Gee, that picture must have taken a lot of patience to make, Tad.") plus warmth (parent touches child frequently or pats head), and high parent control (parent sets fair rules and enforces them). Authoritative parents usually have the most self-reliant, least dependent children.

Another type of parent is the authoritarian parent. *Authoritarian* parents are forceful and opinionated. They are detached and cold as contrasted to other parents. Their children are often irritable and troubled.

The third type of parent is the permissive parent. *Permissive* parents have the most dependent, least self-controlled, and least inquisitive children. These parents are, themselves, nondemanding and noncontrolling. However, they usually are warm in their affective relationships with their children.

It has been suggested that the most effective balance between children's self-reliance and dependence comes from a background of authoritative parent behavior." (Taken from: Children In Your Life by Deanna Radloff and Roberta Zechman)

The desired product of an attachment-dependent relationship is the formation of an infant's basic trust in the world. A parent and child then progress toward a detachment-independence relationship that helps the child develop necessary skills to deal effectively with his environment.

These competence skills include both social and nonsocial skills and are the foundation for the development of social behaviors.

"Parents who are loving, supportive, and accepting, who allow children to participate in decision making, and who expect children to obey household rules, create a climate which enhances the development of competence. Many aspects of social competence are learned through peer interaction. Play and peer involvement provide many opportunities for children to solve problems, ask questions, share experiences, and direct activities." (Taken from: Developmental Psychology: The Infant and Young Child by Fitzgerald, Strommen & McKinney)

Sexual Development

Usually by the age of three, most children know whether they are boys or girls. How a child is touched, talked to, looked at, etc., will help him to form attitudes that will later determine his feelings of sexuality and his social behavior. Parents who feel at ease and can be open, honest, and direct during a child's sexual development, will contribute to a healthy, happy attitude.

The transition from childhood to adolescence requires many large qualitative and quantitative changes, primarily involving sex organs and secondary sex characteristics that differentiate man from woman.

"One of the reasons that adolescence is seen as such an important phase of development is that, for the first time, the individual is truly aware of the physical changes that occur. The teen-ager sees, feels, and experiences body changes that are quite different from the sensations of childhood. An adolescent may experience these changes, especially those involving sexual maturing, as exciting, gratifying, embarrassing, wonderful, or even frightening."

"Both boys and girls produce male hormones (androgens) as well as female hormones (estrogens) in relatively equal amounts throughout their childhood. Hormones help to regulate growth at all ages, but it is only when a child reaches puberty that the hypothalamus of the brain signals the pituitary gland to begin the hormonal production found in adult men and women." "These hormonal changes lead directly to the physical developments that emerge during puberty (Tanner, 1962)."

Sexual Maturation in Girls

"The female growth spurt typically begins at around age ten, peaks at twelve, and continues until about fifteen."

"Parents and adolescents often regard menarche (first incidence of menstruation) as the true indicator of puberty, but this event occurs relatively late in the pubertal sequence. Nevertheless, because menarche is easily identified, it is often used as a basis for making normative comparisons of sexual maturity among girls. The norms for adolescent development suggest that the average American girl is likely to have her first menstrual period between the ages of ten and seventeen (Tanner, 1972). It is rare for a girl whose glands function normally to experience menarche before she is nine or after she is eighteen. Most girls have their first period when they are about thirteen."

Sexual Maturation in Boys

"The adolescent growth spurt generally occurs about two years later in boys than in girls and peaks at about the age of fourteen. The onset of puberty typically occurs at about twelve among boys."

Reactions To Physical Change

"Physical changes of the magnitude experienced by an adolescent have a significant effect on how he feels about himself."

"Body image appears to determine to a large extent how an adolescent feels about himself." "According to McCandless, girls, even more than boys, tend to be influenced by body image. This research suggests that a girl is more concerned about and places more personal emphasis on her physical appearance than a boy does."

"Other investigators have also found that girls are more concerned than boys with the failure of their developing bodies to match the culture's body ideal. Girls perceive that boys prefer slender figures, long

legs, and well-developed breasts, and they worry when their own bodies do not measure up to this ideal (Wiggins, Wiggins, and Conger, 1968)."

"Adolescents of both sexes are especially sensitive to any body characteristic that might be interpreted as sex-inappropriate. From childhood, boys and girls learn which physical attributes are feminine and which are masculine, and they show deep concern over any deviations from those stereotypes (Schonfeld, 1964). Adolescent boys are particularly concerned about such characteristics as a circle of fat around the hips and thighs, underdeveloped external genitalia, or the development of subcutaneous tissue in the breast region. Although such developments as fatty hips and breast growth are normal and usually soon disappear, they are often a source of great embarrassment to a boy."

"Herbert and Lois Stolz (1951) have identified certain physical characteristics that adolescent girls consider unfeminine. These include large hands and feet, a figure that is much too full or too thin, pigmented facial hair, and a large body. Thus, many of the normal temporary changes of adolescence may seem "unfeminine" to a girl."

"In this age of mass media, individuals are constantly exposed to, and quickly learn, the mythical standards that make up the culture's ideal--whether in height or weight, the timing of maturation, or the size and contour of body parts--are likely to have profound influences on the developing adolescent's self-concept and peer relationships."

"Although sexual attitudes and behavior have generally become more open and some changes in sex-role stereotypes have occurred, few adolescents escape the social pressures that dictate appropriate sexual attitudes and behavior for each gender."

(Taken from: Developmental Psychology Today by Robert E. Schell, et. al.)

REFERENCES

- Ellingson, Careth, Speaking Of Children: Their Learning Abilities/Disabilities, Harper & Row, New York, 1975.
- Fitzgerald, Hiram E., John Paul McKinney, Ellen A. Strommen, and all of the Department of Psychology, Michigan State University, Developmental Psychology - The Infant and Young Child, Dorsey Press, Homewood, IL., 1977.
- Lerman, Saf, Parent Awareness - Positive Parenting for the 1980's, Winston Press, Minneapolis, MN, 1980. (Originally published under the title Parent Awareness Training, A & W Publishers, New York, NY).
- McConnell, James V., Understand Human Behavior, Third Edition, Holt, Rinehart, & Winston, New York, NY, 1980.
- Pieper, Elizabeth, R.N., When Something is Wrong With Your Baby... Looking In and Reaching Out, Second Edition, Spina Bifida Association of America, Chicago, IL, 1983.
- Radeloff, Deanna, and Roberta Zechman, Children In Your Life, A Guide To Child Care and Parenting, Delmar Publishers, Albany, NY, 1981,
- Schell, Robert E., et al., Developmental Psychology Today, Second Edition, Random House, New York, NY, 1975.

INTERACTIONS

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INTERACTION

INTRODUCTION

"Family." When we think of the word family many thoughts come to our minds and memories depending upon our own family experiences. Webster defines family as, "all the people living in the same house; a group consisting of the two parents and their children." The family unit and structure has undergone major changes over the years, from all people living in the same house to family members living thousands of miles apart. No longer can family be defined as a group consisting of the two parents and their children when there is over a 50% divorce rate in the United States. The working mother has been one of the most significant changes within the family unit during the last decade.

With all the changes that have taken place within the family unit, it continues to be the one most significant influence in an individuals emotional and social development. An individuals self-concept, how they relate with peers, how successful they are in their marriage and at their profession are influenced by early family experiences. The family provides the foundation to an individuals readiness to cope with the demands of living and life.

Families of handicapped children experience the same problems and needs as all families. However, families of handicapped children may experience added stress as a result of the demands placed upon family members by the handicapped child. The more severe the child's handicap, the greater the demands and stress. Parents of handicapped children must become aware of their own perceptions and expectations of their handicapped child and the influences that their attitudes have upon the family as well as their handicapped child.

PARENTS OF HANDICAPPED CHILDREN

Families of handicapped children tend to be either one or the other of two types of parents. The first are those parents who are aware of their child's handicap at the time their child enters school. Handicap conditions in this group of children tend to be of a more pronounced nature and result from birth defects, whether genetically determined or the result of environmental influence or both. The parents' initial reactions to discovering that their child is handicapped are often similar to mourning the death of a loved one. Parents of children with congenital birth defects are generally accepting of their child's handicap by the time their child reaches school age and are eager for the school's involvement. Their concerns are generally centered around issues regarding the quality of their child's educational program and the need for ancillary services such as school social work, speech and language therapy, occupational and physical therapy, and environmental facilities conducive to their child's learning abilities. As the child matures, issues regarding social and emotional needs emerge. Parents may benefit from counseling regarding their child's social skills, sexual development, family and peer relationships, pre-vocational and vocational rehabilitation, community mental health, sheltered workshops, and other community services available in helping prepare their child for adulthood. For those parents whose child's handicap is the result of some hereditary condition, such as Sickle Cell Anemia, Tay-Sack's disease, Huntington's Chorea, and numerous other hereditary anomalies, genetic counseling may be beneficial in determining the possibilities of such conditions recurring in their future children.

The second group of parents of handicapped children are those who are unaware of their child's handicap until their young child is enrolled in school. Handicap conditions in this group of children tend to be subtle

and fall under the learning disabilities, educable mentally retarded, and mildly emotionally disturbed disabilities. Parents of these children are the most vulnerable to develop an unhealthy reaction to their child's handicap. Parents may develop an attitude that their child has been misdiagnosed, experience feelings of anger, mistrust, denial and begin to search to prove the professionals wrong. The reactions that these parents experience are normal, with parents moving toward a healthy adjustment of their child's handicapping condition. However, when the parents reactions are maladjusted, the opportunity exists for the parents to develop chronic attitudes and behaviors that may become more complex, requiring intensive counseling and family therapy. Negative parental feelings that continue over a period of extended time are destructive and may have a devastating effect upon the emotional well-being of the child, family, and the parents marital relationship.

PARENTAL REACTIONS

Parents of handicapped children tend to experience a sequence of well defined reactions and behaviors when first informed of their child's need for special education. These reactions are normal and in most cases temporary. As mentioned earlier, parents' initial reactions to discovering that their child is handicapped are often similar to mourning the death of a loved one. Failure to overcome the mourning reactions resulting from the death of a loved one, after a reasonable time, can threaten the emotional and psychological stability of an individual as well as the family. Similar psychological and emotional damage may result as parents experience the denial, guilt and anger after being informed that their child is handicapped. McNamara and McNamara point¹ out in their book, The Special Child Handbook, that failure to overcome feelings of rejection and denial can threaten the emotional and psychological stability of the child with special needs and of the family itself.

The first parental reaction is disbelief, "How could this happen to us?" Feelings of disbelief tend to be reinforced by feelings of mistrust, denial and fear. There is a natural tendency to disbelieve what we do understand. Parents may refuse to attend future staffings regarding their child, contact school administrators questioning the expertise and qualifications of school personnel and even withdraw their child from the school. Parents may continue to send their child to school but not permit the school to provide special education services and/or programs. In this situation the burden of change is placed on the child.

The second reaction is guilt, "What did we or I do to cause our child's handicap?" This reaction may lead to marital conflict where one parent blames the other for their child's disability. The result is a conflictual marital relationship with each parent placing the blame and responsibility for their child's problems on oneself or the other. The guilt reaction tends to be a defense mechanism whereby attributing the cause to a person provides a feeling of control and power over a situation where parents feel helpless. Parents may also experience guilt feelings resulting from the anger they have toward their handicapped child. This form of guilt results from the parents desire to have conformity in their life, free from the problems they face in having a handicapped child.

The third reaction is rejection, "We do not want a handicapped child." Here parents may develop a united front marital bond, placing the burden of change upon the child and/or school. Parents may consider residential placement, a private school or foster placement.

The fourth reaction is shame, "What will friends, neighbors, and relatives think?" Parents may withdraw from social contacts, community functions, and keep their child from visiting playmates, friends, neighbors, and become social isolates. Feelings of shame are also a result of the parents' belief that they are somehow inadequate as a human being and

parent, hence, may commit themselves to never having children again.

The fifth reaction is denial, "My child has been misdiagnosed and there is nothing wrong." At this point parents may begin a crusade to prove the specialists and professionals wrong. They may go from one specialist to another seeking a more emotionally acceptable diagnosis. Parents may devote their free time to teaching their child in hopes of the child overcoming the handicapping condition. This adaption period is a dangerous and stressful time for parents and the family where the greatest opportunity exists for separation and divorce. An over-adequate, under-adequate marital relationship may result where one parent over-compensates for their child's handicap and the other parent withdraws as a result of frustration, anxiety, and feelings of failure on the part of both parents. Here the child may not be permitted to do for himself, negative behaviors are reinforced, and physical and emotional growth delayed. The parent does for the child instead of the child doing for himself. The over-adequate parent may be convinced that their child is misdiagnosed, misunderstood and actually quite normal. The over-adequate parent may develop an attitude quite normal. The over-adequate parent may develop an attitude that the marital relationship has deteriorated as a result of lack of support, interest, and direct rejection of the child on the part of the under-adequate parent. As this reaction and attitude develops and continues over time, the marital relationship is severely threatened, possibly leading to divorce. Reinforcing denial is a feeling of uncertainty, uncertainty regarding their child's future as well as the parents.

The sixth and final reaction is a feeling of hopelessness, a sense of failure, insecurity and loneliness. If these latter feelings persist over time, parents begin to question their own abilities as parents and marital partners. It is during this period that parents are the most

confused. Parents are concerned how to cope with their child's handicap, behaviors and growth on a day-to-day basis. At this point, parents may seek advice from other parents of handicapped children, parent support groups, family counselors, or the school.

THE FAMILY

As discussed earlier, families with handicapped individuals tend to experience the same problems, joys and needs as other families. Once parents have worked through their emotions of having a handicapped child, they will need to normalize the family structure. In other words, get the family moving in a positive direction. This can be accomplished by recognizing that other family members have needs outside those of the handicapped family member. The family unit should not center their behaviors around the needs of the handicapped family member. Mori, in his book, Families of Children With Special Needs, states that parents are often concerned that a handicapped sibling may have a detrimental effect on the normal siblings. Mori points out that there is a consistent lack of support for this widely viewed concept. He states that rather than assume negative impacts, it may be more appropriate to examine the needs of siblings of handicapped family members and suggested that siblings of handicapped children have the following needs:

1. To belong.
2. For working through feelings and emotions.
3. For truth in communication.
4. To become involved in the handicapped child's program at whatever level the siblings can tolerate.
5. To live their lives free of excessive demands to care for their handicapped sibling.

Parents need to recognize that the presence of a handicapped child within a family need not be destructive to the normal functioning of a family. There may have to be modifications made depending upon the severity of the handicapping condition. However, modifications should

be made, when possible, without sacrificing the needs of other family members.

Gordon in his book, Living Fully: A Guide For Young People With A Handicap, Their Parents, Their Teachers, and Professionals, states that parents of handicapped children need to have the opportunity to experience the following freedoms:

- ..freedom to feel that they have done the best they could
- ..freedom to enjoy life as intensely as possible, even though they have an exceptional child
- ..freedom to let their handicapped child have privacy
- ..freedom to have hostile thoughts once in a while without feeling guilty
- ..freedom to enjoy being alone at times
- ..freedom to tell people about their child's progress and achievements with a real sense of pride
- ..freedom to have their own hobbies and interests
- ..freedom to tell teachers and other professionals what they really feel about the job the professionals are doing and demand that their opinions be respected
- ..freedom to devote as much time as they want to the handicap cause; to get away from it for a while and return if they want
- ..freedom to tell their child when they are displeased with the child, even though their child has a handicap
- ..freedom to refrain from praising their child gratuitously, even though they have been told to offer much praise
- ..freedom to lie once in a while and say everything is fine; not to feel compelled to tell the truth to everyone who asks
- ..freedom to say at times that they do not want to talk about their problems or their handicapped child
- ..freedom to have an annual vacation without the children, to have dates, celebrations, weekends away, time together to enhance their marriage
- ..freedom to spend a little extra money on themselves, even though they feel they cannot afford it

Families with handicapped children have the following basic rights:

1. The right to sound medical knowledge regarding their child's physical or mental problem.
2. The right to some form of continual re-evaluation of their child at definite periodic intervals and a thorough, lucid explanation of the results of the findings.
3. The right to some helpful, relevant, and specific information as to their role in meeting their child's special physical and emotional needs.
4. The right to some knowledge of the educational opportunities for a child such as their's and what will be required for later admission for additional formal schooling.

5. The right to a knowledge of the community resources available for assistance in meeting the family needs, intellectual, emotional, and financial.
6. The right to the knowledge of the rehabilitation services in the community and the resources available through them.
7. The right to some help in seeing their child's potentials instead of forever concentrating upon his imperfections.
8. The right to good reading material to help them acquire as much relevant information as possible.
9. The right to some interaction, with other parents who have children with disabilities.
10. The right to actualize their personal rights as growing, unique, individuals, apart from their children.

REFERENCES

1. Joan McNamara and Bernard McNamara, The Special Child Handbook, (New York: Hawthorne Books, Inc., 1977)
2. John Gliedman and William Roth, The Unexpected Minority, Handicapped Children in America (New York: Harcourt Brace and Jovanovich, 1980)
3. L. Eugene Arnold, "Strategies and Tactics of Parent Guidance, Helping Parents Help Their Children", (New York: Brunner/Mazel Publishers, 1978)
4. Allen A. Mori, Families of Children With Special Needs, (Rockville, Maryland: Aspen Publication, 1983)
5. S. Gordon, Living Fully: A Guide for Young People With A Handicap, Their Parents, Their Teachers, and Professionals, (New York: John Day, 1975)

IMPROVING SELF-IMAGE

**Edited By Marcia Nunn
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IMPROVING SELF-IMAGE

Self-Esteem

"All persons need help in achieving and maintaining an image of themselves which they can accept.

While each family must learn by trial and error what works for them, there are some general principles to observe.

1. Establish realistic expectations for individual growth, not unachievable goals.
2. Affirm the child as a person, regardless of his acceptable or unacceptable performance. ("I think you're a great guy, but some of your behavior drives me nuts.")
3. Accept failure as a natural part of personal development, and be neither surprised nor disturbed by it.
4. Discover the child's strengths and build on them.
5. In offering suggestions for improvement, avoid judgmental remarks. Omit derogatory words such as "stupid," "clumsy," "lazy," or "dumb."
6. Provide the child with opportunity for success by relating to others with similar limitations.

Each member of the family will need to make a conscious effort to absorb into family activities the one with the low self-esteem. In planning chores and duties, let each member choose those that are within his capabilities. Don't rush in to perform the tasks that are done poorly. Rather, encourage the child for what he does to help, and make use of his contribution."

(Taken from: "Parent Growth Through Group Experience," by Fred Smith.)

"You do not inherit self-esteem or develop it instinctively. Self-esteem is something you learn and develop as you mature. It is your feelings of worthiness or unworthiness, based on your experiences

with those who play significant roles in your life. Parents and teachers are the main forces in shaping these feelings in the early years."

The conditions under which we live also affect our self-esteem. As noted by Stanley Coopersmith in The Antecedent of Self-Esteem, there are three conditions which encourage a developing person to value and regard himself or herself as an object of worth:

Parental Warmth -- where children sense the love and concern of their family and feel that family members see them as persons of value.

Respectful Treatment -- where children's views are considered and where they have a rightful and democratic position in the family.

Clearly Defined Limits -- whereby children come to know through parents' relatively high demands and expectations for success that they care about what happens to the children."

(Taken from: "Self-Esteem & You" Eugene Peisner, Ph.D. Family Life Specialist, Family Living Ed. & Sharon Emery, Adjunct Specialist, Family & Child Sciences.)

Expectations

"A child's feelings about himself, *his self-esteem*, relate closely to his assessment of how he "measures up" to what people expect."

"When expectations are realistic it is easy for a child to experience success and feel personally valuable--feelings which build high self-esteem. On the other hand, when expectations are too high or too rigid, parents often express disappointment in their child's actions. As disappointments mount up, they begin to eat away at a child's view of his own value and his self-esteem begins to diminish.

How Do I Know If My Expectations Are Realistic?

Start by checking your expectations with the basic facts of child development. Learn in a general way what children of a certain age are

like and something about their current stage of development. By comparing your expectations with these general facts, try to determine if your goals are generally within reason. Then, recognizing that no child is "in general" or "average," check to see that you have adjusted your expectations to suit the specific needs, interests, and environment of your particular child."

Expectation: Toddler expected not to touch knickknacks in the house.

Result: Child often has hands slapped, accompanied by "NO!NO!"

Evaluation: Action may destroy a child's curiosity which is his main motivation for learning at this age. It is desirable to provide an environment in which he is free to explore and research! The expectation is based on parental wishes, not on child's needs.

Run a Check on Your Current Expectations

One by one evaluate the expectations you have for your children by asking yourself these questions:

*Why do I have this expectation?

*Where did it come from?

*Is it based on my wishes or my child's needs?

*Does it realistically fit this particular child...at this age...
with his temperament and background?

Next, check your expectations for fairness. Weed out the ones that have no meaning for your child at his stage of development. Evaluate the expectations against the list of filters described above, being careful not to camouflage a desire in yourself as a need in your child.

Revise your expectations as needed. Reevaluate often." (Taken from: "Family Focus" Joan Witter, Extension Assistant, Family Living Education)

Encouragement

"One of the most important skills for improving the relationship between parents and children is encouragement. Encouragement is the process whereby you focus on the assets and strengths of your children to build their self-confidence and self-esteem. Encouragement helps your children believe in themselves and their abilities. Parents who encourage help their children accept and learn from mistakes; they help their children develop the courage to be imperfect."

"Helping your children build their feelings of self-esteem may require you to change your usual communication and behavior patterns. Instead of focusing on the children's mistakes, point out what they do that you like or appreciate."

Encouragement is: "Valuing and accepting children as they are (not putting conditions on acceptance). Pointing out the positive aspects of behavior. Showing faith in children so that they can come to believe in themselves. Recognizing effort and improvement (rather than requiring achievement) and showing appreciation for contributions."
(Taken from: The Parent's Handbook, STEP by Don Dinkmeyer & Gary McKay)

REFERENCES

Dinkmeyer, Don, and Gary D. McKay, The Parent's Handbook, STEP, American Guidance Service, Circle, MN, 1982.

Peisner, Eugene, Ph.D., Family Life Specialist, Family Living Ed., and Sharon Emery, Adjunct Specialist, Family & Child Sciences, The Basics of Self-Esteem, Cooperative Extension Service, Michigan State University, East Lansing, MI.

Smith, Fred M., Parent Growth Through Group Experience, Academic Therapy Publications, San Rafael, CA, 1976.

Witter, Extension Assistant, Family Living Education, Self-Esteem Grows When Children Live With Realistic Expectations, Cooperative Extension Service, Michigan State University, East Lansing, MI.

COMMUNICATION SKILLS

**Edited By Marcia Nunn
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COMMUNICATION SKILLS

One Final Touch

"If a child lives with criticism, he learns to condemn.
If a child lives with hostility, he learns to fight.
If a child lives with ridicule, he learns to be shy.
If a child lives with fear, he learns to be apprehensive.
If a child lives with shame, he learns to feel guilty.
If a child lives with tolerance, he learns to be patient.
If a child lives with encouragement, he learns to be confident.
If a child lives with acceptance, he learns to love.
If a child lives with recognition, he learns it is good to have
a goal.
If a child lives with honesty, he learns what truth is.
If a child lives with fairness, he learns justice.
If a child lives with security, he learns to have faith in
himself and those about him.
If a child lives with friendliness, he learns the world is a
nice place in which to live, to love, and be loved."
(Anonymous)

"Parents have the major responsibility in teaching children to develop effective communication skills and a sense of values that will survive the pressures of today's society. They also seek to establish a healthy base to assist the child in his social and emotional growth. This is a massive and difficult task--one that requires a certain amount of knowledge and skill."

"Of the many skills involved in parenting, communication is the most important and is by far the most difficult to learn and use consistently. Through communication a parent can assist the child to cope with many of the problems she faces as she moves through childhood and adolescence."

Following are some guidelines for good communication. "Communication is the process of accurately expressing your own ideas and feelings to someone else as well as listening to and understanding the ideas and feelings of others. It is clearly a two-way procedure, requiring both a sender and a receiver."

Providing Positive Support

"Communication with a child begins when she enters her environment. Everything a parent says and does for the child communicates an attitude toward her. Hopefully, all parental communication has at base one central message: the parent loves the child and cares about her world. To maintain this ongoing message, a parent needs to adopt *positive support as a way of life*. This means the parent helps the child build on her strengths so that she can gradually overcome her shortcomings through this positive, rather than negative, approach. The goal is to be a positive part of the child's world, not a critic standing apart from it."

Descriptive Praise

"Using descriptive praise is much more effective in motivating a child than using negative criticism. Descriptive praise describes a good job, dealing with exact events. Furthermore, it involves the child's behavior, not her personality. Although descriptive praise focuses on describing, some evaluation is implied. It is, however, a supportive evaluation with no negative, judgmental comments. It emphasizes positive behavior. Descriptive praise will help your child build a good self-concept, motivate her to learn new tasks, and encourage self-motivation to do a good job in the future.

There is a considerable amount of skill involved in using descriptive praise. In beginning to use it, you will need to avoid a common pitfall: mixing praise with criticism. If you mix praise and criticism, it will be difficult for the child to understand the message. Instead of the child's hearing, "I appreciate your doing the job, but you could do it better," she is likely to understand only the negative part of

the message." The following dialogue shows how a mother can use descriptive praise to communicate acceptance when a job is not perfect and motivate, or encourage, a child to help with housework again.

Betty: "Mom, I'm through sweeping and dusting.

Mom: That was nice of you to volunteer to help me clean the house. Let's see how the family room looks.

Mom: Hey! This room looks 100% better. Dusting really can perk up a room. Maybe only one more thing would make the job perfect. That's sweeping under the table and chairs. Get the sweeper and let me help you so you'll see the difference sweeping makes. I think after that we'll deserve to treat ourselves to some cookies and ice cream."

Using Constructive Criticism

"As already indicated, parents tend to overuse criticism. As the child gets older, this overuse triggers anger, resentment, and a desire for revenge. When the child is overly criticized, she also begins to doubt her own abilities. She sees herself as an unacceptable child because she has been getting so many negative messages. At that point she may be trapped in a self-fulfilling prophecy."

"Constructive criticism, on the other hand, can be a good technique when used sparingly. Quite unlike negative criticism, constructive criticism has one basic purpose: to state in a positive way what has to be done to improve a situation or problem behavior. It does not zero in on the child's ability or personality; it deals only with a specific behavior."

"The crucial factor in constructive criticism is showing your child that you accept her. Parental acceptance is a positive reinforcer. It will encourage the child to continue performing the behavior the parent approved."

Supportive Listening

"Select and use words and actions that will communicate to the child that you like her and care about her feelings. This shows her that she can trust you and that you will take time to listen and actually hear what she is saying."

Setting a Good Example

"It is important that you set a good example of supportive listening and other communication skills when you are talking to your child. Keep cool. Don't over-react if the child attempts to shock you with a far-out story, swear words, or new ideas. If you over-react or attack the child with words or actions, she may stop talking."

Listening Attentively

"When your child is ready to talk, it is important to stop what you are doing and really listen. If you absolutely cannot stop that moment, let her know when you will be finished, hopefully in only a few minutes. Then give the child your full attention. The thing that you can't afford to do is tell her you will talk later. A child might interpret that message as: you are not interested in what she has to say."

"A child who is not yet skillful in communicating finds it difficult to talk with her parents and others and therefore may put off discussing something for a while. And any child, skillful or not, may want to think through an issue before talking about it. When she is ready, she may introduce the topic abruptly and do so at a strange time."

"With older children it is also important to recognize when the child wants someone to just listen and not offer advice. Sometimes

adolescents will use a parent for a sounding board. They may have an idea or comment about some issue they wish to express. They may tell the parent about the idea. Many times this is done so that they can hear what the idea sounds like when it is expressed. They aren't as interested in the parent's response as they are in clarifying the idea for themselves."

Repeating Key Ideas

"Mirror back or restate what the child says. This lets her know that you are listening. It also tells her you are receiving the same message she is sending. To do this effectively, you might use a phrase like, "You are upset because...." or "You think your grades are unfair because...."

"Children often tell teachers it doesn't do any good to tell their parents things because they don't listen to them anyway. You can avoid this situation by developing the habit of repeating the important part of your child's message, proving to her that you are tuned into what she is saying."

(Taken from: You And Your Child, by Bill Wagon seller and Richard L. McDowell)

REFERENCES

- Curran, Dolores, Traits of a Healthy Family, Winston Press, Minneapolis, MN, 1983.
- Ginott, Dr. Haim G., Between Parent and Child, Twenty-eighth Printing, Avon Books, Division of The Hearst Corporation, New York, NY, Published by arrangement with the Macmillan Company, New York, NY, 1965.
- Gordan, Dr. Thomas, with Judith Gordon Sands, P.E.T. In Action, Bantam Books, Sixth Printing, New York, NY, Published by arrangement with Peter H. Wyden, Inc., New York, NY, 1980.
- Stayhorn, Joseph M., Jr., Talking It Out - A Guide to Effective Communication and Problem Solving, Research Press Co., Champaign, IL, 1977.
- Wagonseller, Bill R., and Richard L. McDowell, You and Your Child - A Common Sense Approach to Successful Parenting, Research Press, Champaign, IL, 1979.

PROBLEM SOLVING SKILLS

**Edited By Marcia Nunn
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PROBLEM SOLVING SKILLS

Exploring Alternatives

"The process of exploring alternatives should not be confused with giving advice. Giving advice, such as "Do this...." or, "I think you should...." is not helpful."

"To help a child explore alternatives means to assist the child in identifying and considering the options available to solve a problem. It means to help the child evaluate each course of action and then to obtain a commitment to action."

"Be careful not to enter into exploring alternatives too soon. If you move too fast, the child may not be ready. Occasionally you may have to back up and limit yourself to reflecting the child's feelings until she or he is ready to move on to exploring alternatives."

There may be times when the child cannot generate plausible ideas, owing to lack of experience. In these instances, offer suggestions in a tentative form: "Have you considered what might happen if you....?"

Problem Ownership

"The techniques of reflective listening and exploring alternatives are especially helpful when the child is the one experiencing the problem. There remains a question of what to do when you are the one experiencing a problem with your children. Before you examine the options open to you, consider the question of problem ownership. To determine problem ownership, simply ask, *whose problem is it?* Who is experiencing difficulty with whom? Whose purposes are not being met? Dr. Thomas Gordon (Parent Effectiveness Training, New York; Peter H. Wyden, Inc, 1970) defines problem ownership in the following manner:

1. The child has a problem because he is thwarted in satisfying a need. It's not the parents' problem because the child's behavior in no way interferes with them. Therefore, the child owns the problem.
2. The child is satisfying his own needs--he is not thwarted--and his behavior is not interfering with the parents. Therefore, there is no problem in the relationship.
3. The child is satisfying his own needs--he is not thwarted. But his behavior is a problem to the parents because it is interfering with them. Now the parent owns the problem.

Once you determine who owns the problem, you are in a position to take action. If you child owns the problem, you may decide (depending upon the situation) to listen, to explore alternatives, or to allow the child to face the consequences independently."

I Messages

"To influence your child, you must be able to communicate in a manner which makes it likely that your feelings, meanings, and intentions are being understood. In many families, parents do not expect children to listen; they expect to have to repeat every request at least once. Their children have trained them to repeat every message.

Parents sometimes create conditions which invite their children not to listen. For example: When we talk without expecting to be heard, we are training our children to be "parent-deaf." If our children are expected to take us seriously only when we "let them know we really mean it," we are training them to tune us out at other times.

When talking with your children, it is helpful to think in terms of "You-messages" and "I-messages."

The You-message lays blame and conveys criticism of the child. It suggests that the child is at fault. It is simply a verbal attack.

In contrast, an I-message simply describes how the child's behavior makes you feel. The message focuses on you, not on the child. It reports what you feel. It does not assign blame. For example:

"When you wear your good clothes out to play, they wear out quickly, and I get concerned because we can't afford to buy new ones."

I-messages express what the sender is feeling. They are specific. In an I-message, the nonverbal elements, such as tone of voice, are crucial. I-messages require a nonjudgemental attitude. An I-message delivered in anger becomes a You-message conveying hostility.

Communicating to Children That We Value and Respect Them

The kind of communication we seek emerges from a relationship in which the child feels respected. It also depends on good timing. If you want to improve your relationship with your child, find the proper time for a friendly talk. It's usually best not to try talking in the midst of conflict or dispute. At such times, it's best to withdraw from the conflict, maintaining mutual respect. Your display of respect during times of conflict makes it possible to open discussion at a later time.

Communication based on mutual respect also rests on your willingness to admit the limits of your knowledge; to admit that you do not have all the answers. If you cannot answer a child's question, don't try faking an answer. Instead, invite the child to seek it with you. Children are very sensitive to their parents' credibility, and feel embarrassed when their parents try to fake or bluff about knowledge they lack.

Sarcasm and ridicule not only stifle communication; they are destructive to human relationships. Children must be allowed to express their feelings without fear of being put down. When parents establish a climate free of fear, their children are able to reveal their feelings.

When we speak, we communicate our beliefs and values. If you believe your children are able, worthy, and well intentioned, you will communicate that through the words and gestures you use."

(Taken from: The Parents Handbook, STEP by Don Dinkmeyer and Gary D. McKay)

REFERENCES

Dinkmeyer, Don & Gary D. McKay, The Parent's Handbook, STEP, American Guidance Service, Inc., 1982.

**INCREASING ACCEPTABLE/DECREASING UNACCEPTABLE -
TEACHING NEW BEHAVIORS**

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Behavior

The principles of learning theory have been researched over the past seventy-five years by learning theorists such as Pavlov, Thorndike, Guthrie, Hill and B. F. Skinner.

The learning theory assumes that behavior is learned. Most of what we do or see others doing we have learned from interacting with our environment. What parents learn very early in their children's lives, is not only that they learn appropriate behavior such as dressing, talking, smiling, etc., but that they also learn inappropriate behaviors such as whinning, temper tantrums, etc.

Raising a child in the best of circumstances can sometimes be a trying affair. For parents of a handicapped child, the necessity for understanding behavior becomes increasingly more important. By using behavioral management, many schools, residential facilities, group homes, etc. have increased skill development for developmentally disabled persons. Not only has this led to an improved self-image and feelings of worthiness for the handicapped person, but it has also improved the living conditions and parent/child relationship in the home.

Because parents interact with their children more often than any other person, they are in a much better position to influence their child's behavior. By acquiring a basic knowledge of how behavior is learned, parents can have a basis for teaching new skills and for eliminating behaviors that may be offensive or causing problems to family, friends or peers of the handicapped person.

Terminology and Definitions

Positive Reinforcement: Objects, events, or experiences which when presented immediately following the performances of a behavior strengthens the chances that the behavior will occur again.

Examples of Reinforcers

Token reinforcers: Reinforcers such as money or tokens which have value in that they can be traded for a preferred object, activity, or experience.

Tangible reinforcers: Tangible objects such as candy, apples, toys, and other items which are valued in and of themselves.

Activity reinforcers: Preferred activities valued because they are fun, exciting or because they generate a good feeling.

Social reinforcers: Positive consequences such as praise or demonstrations of affection which are valued because they are given by people important to the child.

Intrinsic reinforcers: Reinforcing events gained from the pleasure of simply engaging in the behavior.

Negative Reinforcement: Occurs when an unpleasant situation is stopped/reduced following emission of a particular behavior and results in an increase in the rate of that particular behavior.

Examples of Negative Reinforcers

When it rains, we open an umbrella or duck inside.

If a belt feels too tight, we loosen it.

As shower becomes too cold, we turn on more hot water.

(Escape and avoidance responses are reinforced and more likely to occur again in the future.)

Punishment:

Consists of:

1. Presentation of an aversive stimulus (painful) immediately following a response. (Type I)
2. The removal of a positive reinforcer immediately following a response (take away privileges, favorite objects, etc. - (Type II).

Both types of punishment result in a decrease of the punished response which may or may not be permanent.

Dangers: May result in counteraggressive behaviors following the punishment operation, avoidance behaviors and anxiety and fear.

Punishment (Type I)

- Physical Punishment: Presentation of painful, aversive stimuli (spanking, hitting, shock, etc.) immediately.
- Vocal Punishment: Presentation of aversive word stimuli (threats, scolding, etc.) immediately following a response.

Intervention principles which you can use to weaken a behavior.

Example:

Child's Behavior

Parental Consequence

- | | |
|-------------------|---------------------|
| - Fighting | - Spanking |
| - Disobedience | - Scolding |
| - Backtalk | - Nagging |
| - Crying | - Ridicule |
| - Temper tantrums | - Negative comments |

1. Punishment (Type I) often merely suppresses behavior but doesn't weaken it.

a. Other consequences may be simultaneously reinforcing the behavior.

Example: Parents' attention to children when making a ruckus actually strengthens the noisy, disruptive behavior.

Or a sibling's poking, hitting, and teasing of another sibling may be reinforced by the squeals of pain and protest generated in the other.

2. Punishment (Type I) generates escape behavior.

- When a behavior leads to a negative or aversive consequence, it makes the person engaging in that behavior want to escape the painful situation.

Example: A child approaches his parent after school to tell him/her how angry he became when a schoolmate knocked his books from under his arm. Parent reprimanded and scolded him for being angry.

Result: Child clammed up and tried to escape from parent's painful words.

3. Punishment (Type I) generates avoidance behavior.

- If a behavior leads to painful consequences a number of times, the person engaging in that behavior will soon quit it in order to avoid these painful consequences.

Example: If a child is scolded and reprimanded a number of times for expressing negative feelings, he will soon stop yelling at his parents about his feelings and begin to hide them in order to avoid parent reprimands.

4. Punishment (Type I) generates physiological or emotional responses such as anxiety.

- Punishing consequences are threatening to an individual's existence.

- a. In the presence of such threatening consequences, a person's physiological responses (blood pressure, respiration, and muscle tension) are mobilized to defend himself.

- 1) These responses are the basis of anxiety and can become conditioned to a specific punishment and also other stimuli associated with it.

Example: If a child receives many painful beatings from parent while growing up, he may learn to be anxious in the presence of other authority figures (teachers, principal, policemen, elected officials).

5. Punishment (Type I) generates bad feelings about oneself.

- a. The child who experiences many hurtful experiences as a result of his/her behavior may learn to think of themselves as bad and needing to be punished.

6. Punishment (Type I) generates resistance and counter-aggression.

- a. May cause child to defend himself by counter-attacking.

7. Punishment (Type I) provides a model for aggressive behavior.

- a. Children learn by imitation.

*Punishment (Type I) must be used at times, to rapidly train a child to avoid danger (running into the street may warrant a swat on the rear).

If you must use punishment (Type I):

Rule 1: Punish immediately after the occurrence of the behavior.

Rule 2: Explain why you are punishing for that behavior.

Rule 3: Use the same words each time you punish. This will become a cue for child to avoid the behavior.

Punishment (Type II)

1. Time Out: Withdrawal of reinforcement for a specified period of time. Generally used as a consequence for undesirable behavior for the purpose of decreasing the behavior it follows.

- a. You can remove the child from the reinforcing environment and isolate him in a neutral area for a specified period of time, usually five minutes.
 - b. Or, remove the positive reinforcer from your child's possession for a brief period.
2. Response Cost: The contingent withdrawal of a specified amount of reinforcers.

Example: Child earns an extra half hour of TV if he gets home from school on time. For every minute he is late, he is penalized one minute of TV.

Remember:

1. Make sure child has a reserve of reinforcers built up. Do not penalize child more than he is reinforced.
2. Use reinforcement sparsely. Better to reinforce for change in positive direction, than to penalize for inappropriate behavior.

Teaching New Behavior Shaping, Chaining, Fading

Shaping: Employing positive reinforcement to help a child learn new responses that previously did not exist in the child's repertoire.

1. When a person is reinforced for a certain response, he will emit the same response or similar responses (a response class) in the future.
2. This set of similar movements allows the parent to select certain responses to reinforce.

Example: When a baby babbles and is reinforced by parental attention, a whole class of vocalizations is strengthened.

- Baby acquires a wide response class of sounds.
- Mother selectively reinforces only those responses that sound like a meaningful word such as ball or da-da.
- Mother later requires baby to emit sounds more closely resembling the desired word.

(A systematic selection of certain members of a response class are reinforced while others are ignored--gradually raising the criteria.)

Steps to Shaping:

1. Specify the terminal behavior. (The end behavior desired.)
2. Identify an initial behavior.

- a. An action that has something in common with the terminal behavior (scribbling is initial behavior for teaching child to draw circles).
- 3. Set the occasion for and reinforce instances of initial behavior.
 - a. Selectively reinforce only behaviors that resemble more and more closely the terminal behavior. (The initial behavior must occur at a high rate.) Arrange the environment so the initial behavior occurs more often (terminal behavior = drawing circles, then provide pencil and paper more frequently.)
- 4. Reinforce some members of the response class while the remaining responses go unreinforced (differential reinforcement to successive approximations).
 - a. Strengthen responses that closely resemble the terminal behavior (the others will go unreinforced).
- 5. To avoid extinction of the terminal behavior, wean the maintaining reinforcement gradually.
 - a. Lessen the number of times you reinforce the behavior. (Thin the schedule of reinforcement at the same time you increase the frequency or opportunity for child to emit the behavior.)

Chaining: Sequence of responses that lead to a reinforcer are called a response chain.

- 1. Each response changes the environment in some way as to make the next response possible.
- 2. Can teach complex behaviors by breaking down the overall performance into its component responses.
 - a. One response at a time is taught until child has mastered the entire sequence of the chain.

Task Analysis: Breaking down a performance into simpler responses, which when performed in proper order, produce desired outcome.

- 1. Perform the task - write down each response required to complete the behavior.
- 2. Read to another person in the form of directions.

Backward Chaining: The last response in the chain is taught first, then the next to last and so on, until child can execute the complete sequence from start to finish.

Steps:

- 1. Model or assist through all steps leading up to the last response in the chain. Prompt last response.

2. Gradually withdraw prompts when shaping the last response in the chain. Child should repeat last response until he can perform it completely by himself. Reinforce.
3. Successively build the chain from end to beginning by adding one response at a time. Always reinforce.

Fading: Teaches a child to make a discrimination that he previously could not do or to independently make a response that previously required additional prompts not normally found in the natural environment.

1. Some dimensions of a stimulus (shape, color, position, texture, number, brightness) are greatly exaggerated at first in order to help the child to make the correct response.
2. The exaggeration is gradually "faded" out until the stimulus is in its natural configuration.

Example: Reversal of numbers.

- a. Provide dashed line drawings of the numbers being reversed.
- b. Child traces numbers.
- c. Reduce the amount of dashes used.
- d. Give no tracing cues.

Extinction: The reinforcer that has been sustaining or increasing an undesirable behavior is withheld. The following usually occurs.

The General Effect: a gradual reduction in response rate, all the way to zero (if no other reinforcers help to maintain the response).

Advantages:

1. Effective with many kinds of behavior.
 - If the reinforcing consequences can be identified and consistently withheld following the target behavior, a reduction in response will take place.
2. Its effects are long lasting.
 - If the occasional spontaneous recovery responses (brief reoccurrence of a behavior that has been under effective extinction conditions for a long time) are not reinforced, the target behavior can be eliminated from the child's repertoire.
3. An aversive stimulus (punishment) is not required.
 - Punishment using an aversive stimuli to weaken behavior can produce several negative side effects.

- a. Punishment may teach a child what not to do, but some children are very good at discriminating when not to do those behaviors.

Example: "Carolyn sneaks cookies from the kitchen when her mother isn't around, although her mother spansks her when she catches her daughter."

Example: "Herbie hits his sister when she takes his toys while his parents are safely out of earshot (although he doesn't hit her in their presence) to avoid being sent to his room without dinner."

- b. A child will avoid contact with an adult who frequently uses aversive consequences.

- When a child is in the presence of the punishing adult, he/she may emit fewer behaviors of all types including appropriate responses for positive reinforcement.

Disadvantages:

1. Extinction is usually a gradual process.
 - a. Even the easiest behaviors to eliminate will be emitted a number of times after the extinction procedure is implemented.
 - b. Unreinforced behaviors may continue for several days before a noticeable reduction in rate of occurrence.
2. When extinction conditions are first instituted, the behaviors may actually increase in rate for a short time.
3. Aggressive behavior sometimes occurs during the first few extinction trials.

Example: Hitting, kicking, or swearing at a vending machine for taking money and not producing.

- a. If not reinforced the aggressive responses will soon disappear.
4. Implementing extinction procedures can be extremely difficult.
 - a. A parent may have no or little control over the reinforcing consequences.

Example:

Behavior - Jimmy removes all his clothes in front of other children in the neighborhood.

Reinforcement - Laughter and attention he receives from other children.

b. Extinction Procedure.

1. Identify the probable reinforcing consequences for the child's dysfunctional behavior.
 - a. A reaction from the parent may be maintaining the inappropriate behavior.
 - b. Once identified - make sure it never is allowed to closely follow the target behavior.
2. Parents must be consistent in withholding the reinforcing consequences.
 - a. By letting a response be reinforced after a series of successful extinction trials, parents are teaching child that if he/she keeps up the inappropriate behavior long enough, it will eventually be reinforced.
3. Parent should ride out the initial increase in response rate.
 - a. In spite of forewarning, these first stages can be very trying.
4. Parents should not reinforce any extinction-produced aggression.
 - a. May take the form of verbal abuse.
 - b. May take the form of mild physical aggression (slamming doors, kicking walls, throwing things).
 - c. Physical aggression that cannot be ignored - may require time out procedures (removing child from environment).
5. Parents should try to increase the number of extinction trials.

Example: Extinction procedure to reduce tantruming:

- Child has tantrums most often when he/she doesn't get his/her own way.
- Increase the situations each day in which child does not get his/her own way.

Result: Child is more likely to emit the inappropriate behavior at a higher rate, giving parents more opportunity to ignore it.

6. Parents should make it very easy for the child to receive lots of reinforcement for other appropriate behaviors.

- a. The appropriate responses will gain in frequency and strength, while inappropriate responses (unreinforced) decreases rapidly in rate.

7. Parents employing extinction should collect data.

- a. Objective data that reflects a target behavior's true level of occurrence.
- b. This is needed to determine if the intervention is having the intended effect.

Example: Before intervention - tantrums lasting 15-20 minutes

After intervention - reduced to 5-10 minutes after
3 days of extinction conditions

- c. Encourages to continue."

(Working With Parents of Handicapped Children, Heward, Dardig, Rosset, 1979.)

NOTE: It only takes one person deliberately or inadvertently attending to the misbehavior on one occasion to destroy the effectiveness of an extinction procedure.

Prepack Principle:

High frequency behaviors can be used as reinforcers for low frequency behaviors.

Examples:

1. Pick up room before you watch tv.
2. Sweep the floor before you go out to play.
3. If you play nicely with your sister, you may have a snack before bedtime.

Reinforcement of Incompatible Behavior:

Reinforcing a child for a specified, desirable behavior that is incompatible (physically impossible to perform both at same time) with the inappropriate behavior.

Examples:

1. Sitting with hands folded is incompatible with hand flapping or hitting oneself.
2. A child who is teased by a peer could be reinforced for immediately walking out of the room with her hands at her sides.

Satiation:

Describes the situation in which a child is required to engage in a particular behavior until he tires of it.

Example: A child has the habit of spitting anywhere in the house. whenever parents found him doing this, they made him stand on the back porch and spit and spit until he was extremely tired of spitting. (Others: swearing, tearing up paper, knuckle cracking, etc.)

1. As more and more of the same reinforcer is delivered, the child eventually grows tired, and the reinforcer soon loses its ability to maintain the behavior.
2. Result: The response that produces that particular reinforcer decreases in rate and may cease altogether.

(Working with Parents of Handicapped Children, Heward, Dardig, Rossett, 1979, & ABC's For Parents, Edward B. Rettig, 1973.)

Schedules of Reinforcement

1. Continuous reinforcement: The behavior is reinforced every time it occurs.
 - a. The behavior will become associated with the reinforcer and the reinforcer will come to be expected.
 - b. The person may become satiated with too much reinforcement.
2. Intermittent reinforcement: The behavior is reinforced only occasionally.
 - a. Strengthens behavior and makes it last longer than does continuous.

Collecting Data - Observation

- A. Target Behavior: Strengthening a weak behavior or teaching a new behavior.

Examples: Initiating conversations
Following directions
Dressing
Toilet Skills

"Which skill do you want to teach?"

1. List areas in which the child's lack of skills may be causing a problem for the family.

Example: Child cannot feed himself and mealtime may cause confusion - family cannot sit down to eat together.

2. Observe child's typical day.

- a. List all skills you do for him and those which might be good ones for him to learn.

Example: Helping him put on his shirt, lacing shoes, spoon feeding him, brushing his teeth, taking off or putting on socks, etc.

3. Think of your typical day.

- a. Which skills are you likely to have time and interest to teach?

4. Which skills is your child ready to learn?

- a. Which behavior does he have now that might make it easier to teach him a new skill?

Example: When you put his shirt on, he holds up his arms.

- b. Are there some skills from your list that your child seems almost ready to learn? (He can help with some of the steps).

Does Your Child:

1. Pay attention to what you're doing?
2. Does he make any physical effort to help do the task?
3. Does he try to continue if you stop?
4. Does he do similar tasks in a play situation (stringing beads or putting puzzles together are similar behaviors to buttoning and/or unbuttoning)."

(Information taken from: Early Self-Help Skills by Baker, Brightman, Heifety, and Murphy)

B. Describing Behaviors:

- a. Define the behavior in very precise terms - so that two different people can look at the definition, simultaneously observe the child in action, and then agree exactly how many times the behavior occurred.

b. The following should be considered:

- 1) The number of times the behavior occurs.
- 2) Rate of occurrence per minute, hour, day, etc.
- 3) The length of each instance and the target behavior.

Example definitions of target behavior:

- a. Flora will button her shirt so that all the buttons and button-holes are correctly matched within three minutes.
- b. Phil will play alone with his toy or games for at least 30 minutes a day.
- c. Bill will throw a ball 10 times for at least five feet in a designated direction within a 10-minute period.

C. Recording:

- a. Frequency counting: Number of times the behavior occurs within a given period (poking, hitting, pushing).
- b. Duration counting: Count the length of time the behavior lasts (studying, math, reading, playing alone).
- c. Interval counting: Count intervals of time in which the behavior occurs at least once (whining-10 minute intervals in which whining occurs).

Collecting baseline data:

- 1) Provides parents with an objective means of evaluating the effectiveness of any behavior modification strategy being used.
- 2) Gives parents the opportunity to observe and rate the environmental events that happen just before and just after the target behavior.
- 3) Necessary for setting effective criteria for reinforcement during intervention.
- 4) Sometimes, the target behavior turns out not to be the problem parents initially think it is.

Intervention

- Use a combination of interventions.
 1. Positively reinforce reduction of inappropriate behavior (such as angry outbursts).
 2. Punish angry outbursts by time-out procedure.
- Stress the positive - try for two positive comments to every one negative comment.

- Be consistent - always follow through with a consequence. If you make a deal to provide a certain positive consequence for specific behavior and do not follow through, you will punish the performance of the appropriate behavior.
- Reinforce immediately - reinforcement is most effective if it follows the behavior as soon after it occurs as possible. (Child may do other behaviors and the wrong one may be reinforced). Older children may be able to understand a delayed reinforcement.
- Ask for small or reasonable steps toward the behavior change in order to guarantee success and promote positive feelings.

(Intervention information taken from: ABC's For Parents, by Edward B. Rettig.)

Children have a basic need to feel safe. Consistency in parental behavior makes a child's world safer. To avoid or relieve the discomfort of always being ready to defend themselves, they usually try to predict what is going to happen in various situations. It is important for them to be able to predict their parent's responses to many different events or situations. If predictions come true, they tend to feel safe, if predictions don't come true, they tend to become angry, frustrated, or in a state of turmoil. If a child feels safe in his environment and can rely on his parents behavior to be consistent, he will spend less energy on deciding what they are going to do next and more energy on exploring his world.

RULES

- A rule is any demand made on a child by a parent.
 - a. Parents can cause confusion to a child when a rule is stated as a choice (questions or request) when the only acceptable answer is yes.
- Start out with one or two basic rules.
 - a. Parents can become more consistent by establishing a few basic rules and always enforcing them.
- Some rules are long-term and must be enforced daily or weekly.
 - a. These are usually chores or family routines.

- Some rules are short-term and are more difficult to recognize.
 - a. These are usually commands and are more difficult to enforce. The parent may have been spontaneous in making the decision and, therefore, spent less time in the planning phase. Sometimes these rules are impossible to enforce.
- A good rule must fulfill three requirements.

- a. Definable - If a rule is too vague or dependent on the mood of the parents, it may be worse than no rule at all. The child should know exactly what is expected so that there will be no questions as to whether he has fulfilled the requirements or not.

Example: You are to empty the garbage every night after school.

More defined: You are to empty all of the wastebaskets in the house and put it in the garbage can every night after school.

Caution: Do not demand more than the exact fulfillment of the stated requirements.

- b. Reasonable - The rule should be a normal, necessary function to make life more comfortable. Considerations should include the length of time it takes and whether the child is capable of doing the task. It is important to incorporate rules or chores so as not to infringe on the child's play, study and/or rest times. If the task is complicated or new, it may be necessary to break the task down into small parts or steps and use a checklist as a guide to the accomplishment of the task.
- c. Enforceable - A parent should be sure that they can enforce the rule when it is broken. If a rule is going to increase the consistency in a child's life, a parent has to be able to enforce the rule consistently.

To help establish an enforceable rule, ask yourself the following question: "Can I know every time my child breaks the rule, without depending on other people's testimony?"

(Rules information taken from: Child Management, A Program For Parents and Teachers)

Grocery Store Scene:

A screaming, tantruming child demands that Mom purchase a bag of her favorite candy. If the parent gives in and puts the candy into the shopping cart, two things happen. (1) The child's tantruming behavior is positively reinforced. Although the tantrum may end immediately upon receipt of the candy, the child's rate of having tantrums will most likely increase significantly in the future. Mom has taught her daughter how to get her own way - scream loud and long enough and it will pay off. (2) Mom has learned a quick way to end an aversive situation - her daughter making an embarrassing fuss in public - by buying the candy. So Mom's

behavior of giving in to the child when she/he tantrums has been strengthened also. (Mom has been negatively reinforced).

- Each time a child's misbehavior is reinforced, future attempts by the parent to modify the behavior are made more difficult. (taken from: ABC's For Parents, by Edward B. Rettig)

SUMMARY

1. A behavior is strengthened when we expect some result to happen--and it does.
2. A behavior is weakened when we expect some result to happen--and it doesn't.
3. Parents strengthen or weaken the child's behavioral tendencies by responding in expected or unexpected ways.
4. Parents can alter their child's behavioral tendencies by controlling their own responses to the child's behavior.
5. If parents behave consistently in specific situations the child will build up expectations of the events.
6. Consistency in the life of the child provides a foundation for stabilizing a significant part of the child's emotional life.

REFERENCES

- Baker, Bruce L., Alan J. Brightman, Louis J. Heifetz & Diane M. Murphy, Early Self-Help Skills, Research Press, 2612 N. Mattis Avenue, Champaign, IL 61820 (1976).
- Becker, Wesley C., Parents Are Teachers, Research Press, 2612 N. Mattis Avenue, Champaign, IL 61820 (1971).
- Heward, William L., Working With Parents of Handicapped Children, Charles E. Merrill Publishing Co., A Bell & Howell Company, Columbus, OH 43216 (1979).
- Rettig, Edward B., ABC's For Parents, Associates for Behavior Change, P.O. Box 7069, Van Nuys, CA 91408 (1973).
- Smith, Judith M., And Donald E. P. Smith, Child Management: A Program for Parents and Teachers, Research Press, 2612 N. Mattis Avenue, Champaign, IL 61820 (1976).

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